CLASSIFICATION (When filled in)

COST PERFORMANCE REPORT FORMAT 5 - EXPLANATIONS AND PROBLEM ANALYSES

Form Approved OMB No. 0704-0188

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1. CONTRACTOR	2. CONTRACT		3. PI	ROGRAM		4.	REPORT PERIOD
a. NAME	a. NAME		a. N	ME		a.	FROM (YYYYMMDD)
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b. LOCATION (Address and ZIP Code)	b. NUMBER						
						b.	. TO (YYYYMMDD)
	c. TYPE	d. SHARE RATIO	b. P	HASE (X one)			
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5. EVALUATION

DD FORM 2734/5, AUG 96

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